



Rules of
Department of Mental Health
Division 45—Division of Mental Retardation
and Developmental Disabilities
Chapter 5—Standards for Community-Based Services

Title	Page
9 CSR 45-5.010 Certification of Medicaid Agencies Serving Persons with Developmental Disabilities.....	3
9 CSR 45-5.020 Individualized Supported Living Services—Quality Outcome Standards	8
9 CSR 45-5.030 Individualized Supported Living Services—Provider Certification.....	9
9 CSR 45-5.040 Missouri Alliance for Individuals with Developmental Disabilities	16
9 CSR 45-5.060 Procedures to Obtain Certification	18
9 CSR 45-5.105 Definitions for Fire Safety Rules	20
9 CSR 45-5.110 Fire Safety for On-Site Day Habilitation.....	21
9 CSR 45-5.130 Fire Safety for Residential Habilitation for 4–9 People	24
9 CSR 45-5.140 Fire Safety for Residential Habilitation for 10–16 People	28
9 CSR 45-5.150 Fire Safety for Residential Habilitation for 17 or More People.....	31



**Title 9—DEPARTMENT OF
MENTAL HEALTH**

**Division 45—Division of Mental
Retardation and Developmental
Disabilities**

**Chapter 5—Standards for Community-
Based Services**

**9 CSR 45-5.010 Certification of Medicaid
Agencies Serving Persons with Develop-
mental Disabilities**

PURPOSE: This rule defines terms, establishes principles and sets out the process by which Medicaid agencies providing residential habilitation, day habilitation, supported employment or individualized supported living services attain certification.

(1) The Division of Mental Retardation and Developmental Disabilities (division) shall establish procedures under which a Medicaid agency (agency) providing residential habilitation, day habilitation, supported employment or individualized supported living services to persons with developmental disabilities attains certification. In establishing those procedures, the division makes the following assumptions:

(A) A person with a developmental disability or the person's family can best determine the services the person wants and needs;

(B) The division and the agencies shall work cooperatively to provide quality services and supports that effectively and efficiently meet individual needs of persons with developmental disabilities within the contexts of the persons' preferred lifestyles;

(C) Through ongoing monitoring, persons with developmental disabilities and their families shall determine the quality of the persons' services and supports and the effectiveness of the services and supports in meeting the persons' needs;

(D) The certification process shall be flexible and person-centered and shall serve three (3) critical purposes—

1. To determine how well the division, its regional centers and the agencies fulfill their responsibilities to persons with developmental disabilities;

2. To determine systems changes and practices needed so that the agencies will be more responsive to the persons' needs; and

3. To enhance inclusion of persons with developmental disabilities as valued members of their communities;

(E) Rather than taking the traditional approach of penalizing agencies that fail to meet minimum standards, the division shall direct its resources and support towards

assisting agencies that demonstrate innovation and initiative in pursuing best practices and realizing outcomes contained in the principles set out in section (3).

(F) The principles in subsections (3)(A) and (B) and paragraphs (3)(C)1. and (3)(D)3. of this rule are intended to enhance the services of agencies. Certification requires agencies' commitment to continuous improvement toward realization of those principles;

(G) Agencies shall subscribe to and meet the principles in paragraphs (3)(C)2. and (3)(D)1. and 2. of this rule. The division shall enforce those principles; and

(H) A residential facility or day program that attains certification from the Division of Mental Retardation and Developmental Disabilities to deliver Medicaid Home- and Community-Based Waiver services is deemed licensed by the department under sections 630.705–630.760, RSMo.

(2) Terms defined in sections 630.005 and 633.005, RSMo are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) Consumer and family monitoring—A formalized review of an agency conducted every two (2) years by an organized consumer-parent group;

(B) Consumer and family monitoring team (monitoring team)—An organized group of at least two (2) parents or other consumers that reviews an agency every two (2) years to assess the quality and responsiveness of the agency's services;

(C) Core issues—Issues identified by a survey team or monitoring team and which threaten the health or safety of people with developmental disabilities or infringe upon the basic rights of those people;

(D) Enforcement plan—A compliance plan under which an agency satisfies core issues identified by a survey team or monitoring team;

(E) Enhancement plan—A plan under which an agency will further enhance its services by building upon strengths and addressing other issues identified by a survey team;

(F) Medicaid agency—An agency serving people with developmental disabilities under the Medicaid Home- and Community-Based or Nursing Home Reform Waiver program;

(G) Survey team—A group of at least two (2) persons, including the team leader, appointed by the division director or designee to conduct surveys of agencies;

(H) Survey team leader—A division employee who heads a survey team and coordinates its work;

(I) Survey team member—A service provider, regional center employee, parent of a person with a developmental disability or other consumer who has completed training and credentialing by the division, qualifying him/her for membership on a survey team; and

(J) Tailored survey—A survey conducted by a survey team or monitoring team to assess the degree to which an agency has satisfied core issues previously identified by the team.

(3) This section prescribes four (4) sets of principles for agencies providing residential habilitation, day habilitation, supported employment or individualized supported living services to persons with developmental disabilities under the Medicaid Home- and Community-Based or Nursing Home Reform Waiver program.

(A) Community Membership.

1. Promoting acceptance through community involvement—Outcome: Individuals are active participants in the community where they live.

A. Individuals' days are as diverse and enriching as others in the community.

B. Individuals are supported in efforts to actively participate in community life.

C. Individuals receive needed support when using community resources.

D. Individuals who receive specialized supports receive them in a place or manner typical for all other community members.

E. Individuals live, work, and participate in recreational activities in settings that are physically integrated into the community.

F. Individuals spend the majority of their time in integrated settings.

G. Individuals are familiar with their communities.

H. Individuals use generic resources.

I. Individuals participate in age-appropriate recreational activities.

J. Individuals have the option to participate in the ethnic life of the community.

K. Individuals have the option to participate in cultural arts activities in the community.

L. Individuals receive supports and adaptations with consideration for acceptance in the community.

M. Individuals use methods of transportation that are typical for others in the community.

N. Individuals' dress and grooming are consistent with community norms.

O. Individuals know or are learning skills which are critical to their acceptance in the community.



P. Individuals receive training in a manner which is likely to be accepted by the community.

Q. Individuals have the option to participate in the religious life of their choice in the community.

R. Individuals have the option to participate in political activities of their choice in the community.

2. Supporting and promoting relationships—Outcome: Individuals have positive relationships with people who are not paid providers.

A. Individuals are supported in developing friendships.

B. Individuals are supported in sustaining friendships.

C. Individuals sustain or reestablish relationships with family members.

D. Individuals who choose responsible, consenting, intimate relationships are supported.

E. Individuals' relationships with others are encouraged and supported.

F. Individuals' social support networks are expanded and enhanced.

G. Individuals have repeated opportunities for social contact with the same people or groups of people.

H. Individuals are involved in activities at times which are conducive to building relationships.

I. Individuals' competencies and interests are emphasized in expanding the scope of relationships.

J. Individuals' environments are conducive to developing relationships.

K. Individuals invite guests to their homes and on social occasions.

L. Individuals have in their possession personal information concerning significant others.

M. Individuals interact with others consistent with the intensity of the relationship.

3. Supporting and promoting contribution—Outcome: Individuals experience the rewards and responsibilities of contributing to society.

A. Individuals have the option to contribute to and receive from others.

B. Individuals have the option to join and assume roles in community organizations.

C. Individuals have the option to join and assume roles in religious organizations.

D. Individuals have the option to volunteer.

E. Individuals have the option to help their neighbors.

4. Facilitating and enhancing communications—Outcome: Individuals' communica-

tions are recognized, responded to, and supported.

A. Individuals have opportunities for communication in a variety of settings and with a variety of people.

B. Individuals receive supports or services, or both, to enhance functional communication.

C. Individuals who need them have alternative or augmentative communication systems that are functional.

D. Individuals who use alternative systems of communication have those systems or functional alternatives available for use at all times in all environments.

E. Individuals' families and friends have the option to receive training in the means of communication used by the individual.

F. Individuals' language or communication systems are understood and used by people when providing supports or services, or both.

G. Individuals' physical environments are arranged to promote conversation.

H. Individuals' environments contain accessories and personal possessions which promote conversation.

I. Individuals' lives contain various activities and experiences about which to communicate.

J. Individuals' suggestions, opinions, and other communication are recognized and receive a response.

5. Facilitating community involvement through positive interaction—Outcome: Individuals interact in a manner which promotes inclusion in community life.

A. Individuals are in supportive environments where most individuals engage in positive, acceptable interactions.

B. Individuals are assured continued access to the community even though they may be displaying unacceptable behaviors.

C. Individuals' interactions are understood in terms of communicative intent and function.

D. Individuals' interactions are understood in terms of the variables contributing to the behavior as well as the physical characteristics of the behavior.

E. Individuals with unacceptable interactions are directly observed in the environments where the behaviors occur to determine the purpose of the behavior.

F. Individuals with unacceptable interactions are directly observed by persons knowledgeable and experienced in providing behavioral supports.

G. Individuals' behavioral supports reflect an emphasis on analyzing the possible

reasons for unacceptable interactions prior to planning and implementation.

H. Individuals' unacceptable, non-threatening behaviors are reduced and more functional alternatives are acquired.

I. Alternatives other than or in addition to behavioral supports are considered when severe and persistent mental illness is the presumed causal factor.

J. Individuals are supported through provision of a variety of programming strategies for facilitating or teaching appropriate adaptive behaviors.

K. Individuals' plans present a clear, integrated rationale explaining the importance to the individual for any proposed intervention.

L. Individuals are prevented, as much as possible, from engaging in severe, unexpected and threatening behaviors that endanger themselves, others, or community property.

M. Individuals are protected from endangerment through the supportive, respectful use of behavioral supports.

N. Individuals' rights are actively protected when behavioral supports are implemented.

(B) Self-determination.

1. Promoting self-esteem through positive self-expression—Outcome: Individuals have the opportunity to enhance self-esteem through self-expression.

A. Interactions with each individual demonstrate interest, concern, and consistency.

B. Individuals routinely receive unconditional positive feedback.

C. Expectations of each individual are positive.

D. Individuals have social and interpersonal problem solving skills.

E. Individuals express their own personal style.

F. Individuals are aware of and use personal competencies.

G. Individuals express personal opinions and preferences.

H. Individuals have options to express their cultural heritage.

I. Individuals have information about their families and friends.

J. Individuals express their personal histories.

K. Individuals understand what belongs to them and what belongs to others.

L. Individuals are aware of their own bodies.

M. Individuals differentiate between themselves and others.

2. Maximizing individual choice and decision making—Outcome: The responsible



choices of individuals are respected and supported in all phases of life.

A. Individuals establish personal goals.

B. Individuals make informed choices and experience natural consequences.

C. Individuals are supported in carrying out choices.

D. Individuals make commitments for which they accept personal responsibility.

E. Individuals participate in the decoration of their personal area.

F. Individuals participate in the decoration of common living areas.

G. Individuals make choices regarding health care providers.

H. Individuals have options to choose from a variety of alternatives in all areas of their lives.

I. Individuals have options to retire.

J. Individuals receive and spend money in a typical fashion.

K. Individuals plan their own time.

L. Individuals choose their personal possessions.

3. Facilitating empowerment—Outcome: Individuals are in control of their own lives.

A. Individuals have options to acquire and use self-advocacy and assertiveness skills.

B. Individuals regularly utilize formal and informal means to influence decisions and affect changes.

C. Individuals are supported in group advocacy efforts.

D. Individuals have options to use external advocates of their own choosing.

E. Individuals express satisfaction or dissatisfaction without fear of recrimination.

F. Individuals participate on agency governing boards or serve as *ex officio* members.

G. Individuals participate in the strategic planning of agency supports and services.

H. Individuals participate in hiring personnel.

I. As individuals gain more power over their own lives, the degree of external control and protection is reduced.

4. Person-centered planning—Outcome: Person-centered planning facilitates the empowerment of individuals to attain personal goals.

A. A profile of personal information about the individual's capacities, dreams, interests, and needs is developed.

B. A profile of social information about the individual in the community, his/her family, social support network, and associational life is developed.

C. Information used in the development of personal profiles is obtained in natural settings.

D. Information used in the development of personal and social profiles is obtained from the individual and from others who know the individual well.

E. Information is presented in plain language.

F. Professionals in specialized disciplines supplement knowledge about the individual.

G. Individuals have options to chair or co-chair their own person-centered planning sessions.

H. Individuals participate in planning the time, place, approximate length, and agenda for their person-centered planning sessions.

I. Person-centered planning sessions are held as frequently as necessary but at least annually.

J. Professionals in specialized disciplines and significant others invited to the person-centered planning sessions have spent time with the individual prior to the meeting.

K. Individuals participate in selecting and inviting the people who will participate in their own person-centered planning sessions.

L. The type of person-centered planning process selected is based on each individual and his/her life situation.

M. Facilitators are trained in the use of various types of person-centered planning processes.

N. Each individual's personal goals are the focal point of the person-centered planning session and are actively addressed.

O. Outcome statements present a rationale for the relevance to the person, a statement of what must be accomplished, and criteria for attainment.

P. People at the person-centered planning sessions consider how to use or enhance natural supports before recommending specialized services.

Q. Natural supports are enhanced to decrease dependence on specialized services and to increase interdependence in the community.

R. People at the person-centered planning sessions determine whether support or training strategies, or both, are desirable.

S. The amount and duration of supports and services the person needs are specified.

T. People in attendance at the person-centered planning sessions decide on who will assume responsibility for specific implementation strategies and timelines.

U. Supports, adaptations, services or a combination are located or created to implement the person-centered plan.

V. Individuals choose support or service providers.

W. Strategies for attaining personal goals are developed based on the individual's personal and social profiles and relevant professional disciplinary assessment.

X. Strategies used for implementation of the person-centered plan are functional, effective, and efficient.

Y. Training occurs in the community in which the individual lives, works, engages in recreational activities, and has relationships.

Z. Individuals have the option to coordinate their individual supports and services.

AA. Persons responsible for coordinating the person-centered plan review it with the individual as frequently as necessary but at least monthly.

BB. Plan review includes specific objective data as well as feedback from the individual.

CC. Persons responsible for coordinating the person-centered plan make revisions based on the findings from the review process.

DD. Supports and services are reduced or modified in amount and intensity whenever indicated.

(C) Rights.

1. Assuring human rights, dignity and respect—Outcome: Individuals are treated with respect in an environment that promotes dignity.

A. The dignity and comfort of individuals are considered in all aspects of their lives.

B. Specialized supports are developed only when individuals do not have an identifiable natural support network.

C. Individuals recognize the rights of others.

D. Individuals' lives are free of arbitrary rules or unnecessary behavioral consequences.

E. Individuals are not unnecessarily separated from staff by imposed practices.

F. Individuals are not discussed while present unless included in the conversation.

G. Individuals' needs for privacy are accommodated.

H. Individuals are addressed using people-first language.

I. Individuals are addressed in an age-appropriate manner.

J. Individuals are addressed in a conversational tone.



K. Individuals engage in age-appropriate interactions.

L. Individuals receive supports and services in age-appropriate environments.

M. Individuals have access to and use of personal possessions.

N. Individuals secure all public and private benefits to which they are entitled.

2. Assuring legal rights—Outcome: Individuals exercise or are assisted in exercising all rights under the Constitution of the United States and those stated in statute.

A. Individuals have information on the rights and responsibilities of citizenship.

B. Individuals are involved in any process to limit their rights and are assisted through external advocacy efforts.

C. Individuals are entitled to due process when limitations are imposed.

D. Individuals are free to communicate privately.

E. Individuals have freedom of movement.

F. Staff are trained in preventing, detecting and reporting abuse and neglect.

G. Abuse and neglect are prohibited by policy.

H. Research must comply with state and federal regulations.

I. Guardians and advocates, chosen by the individual, participate in planning and decision making.

J. Individuals are informed of, or are assisted in the process of obtaining a guardian or conservator or are referred to advocacy services, or both.

K. Staff maintain all information about individuals in confidence.

L. Individuals have access to their records and staff are available to answer their questions.

M. Individuals do not perform unpaid work for which others receive pay.

N. Individuals' rights to a free, appropriate public education are supported.

O. Individuals have information on the rights and responsibilities of living in the community.

(D) Meeting Basic Needs.

1. Assuring and promoting good health—Outcome: Individuals maintain good health.

A. Individuals have a primary health care provider to meet health care needs.

B. Individuals obtain medical care at intervals recommended for other persons of similar health status.

C. Individuals obtain dental examinations at intervals recommended for other persons of similar health status and receive follow-up dental treatment as needed.

D. Individuals requiring specialized medical services have access to specialists.

E. Individuals are offered support in preparation for medical and dental care.

F. Individuals eat well balanced diets appropriate to nutritional needs.

G. Individuals who have special dietary needs have those needs reviewed by a dietary consultant.

H. Individuals have options to participate in fitness programs.

I. Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status.

J. Individuals participate in making decisions about their health care to the maximum extent of their capacities, and their decisions about their health care are recognized and supported.

K. Individuals make informed choices about taking prescribed medications.

L. Individuals take medications as prescribed.

M. Individuals are supported in safely managing their medications.

N. Individuals' medications are regularly evaluated to determine their continued effectiveness.

O. Individuals who take medications are supported by people who have received information about the individuals' medical conditions, know how the medications should be taken and are aware of possible side effects.

2. Assuring individual safety—Outcome: Individuals' environments are safe while assuring choices and freedoms.

A. Individuals receive the degree of supervision consistent with personal ability and the nature of the environment.

B. Individuals' homes and other environments are clean, safe and well maintained.

C. Individuals' homes and other environments have modifications or adaptations to ensure safety.

D. Individuals' homes and other environments have passed externally conducted health, safety, and mechanical inspections.

E. Individuals' safety is assured through preventive maintenance of vehicles, equipment and buildings.

F. Individuals are transported safely.

G. Individuals have the option to participate in home repair and maintenance training.

H. The temperature of individuals' homes is within an accepted comfort range of sixty-eight (68°) to seventy-eight (78°) degrees Fahrenheit.

I. Individuals are supported in responding to emergencies in a safe manner.

J. Individuals participate in emergency drills occurring during daytime, evening and nighttime hours at least four (4) times annually.

K. Individuals are supported or served by staff who are knowledgeable about emergency procedures.

L. Individuals have access to adequate evacuation exits.

M. Individuals have properly marked and easily accessible fire fighting equipment in their homes.

N. Individuals' homes have operating smoke detectors.

O. Individuals have adaptive emergency alarm systems based upon need.

P. Individuals have options to take first aid, have access to basic first-aid supplies, or are provided first aid by knowledgeable staff.

Q. Individuals are provided cardiopulmonary resuscitation by knowledgeable staff.

R. Individuals incurring injuries or experiencing unusual incidents have the injuries or incidents documented in their files.

S. Individuals are supported or served by staff who have pertinent information to facilitate ordinary or emergency notification of family, guardians or other interested parties.

T. Individuals' safety is assured by secure storage of materials and equipment necessary for household maintenance.

U. Individuals and staff use safe and sanitary practices in all phases of food preparation and cleanup.

V. Individuals who need assistance to eat in an upright position are provided needed supports and adaptations.

W. Individuals use mechanical supports only as prescribed.

X. Individuals use adaptive, corrective, mobility, orthotic and prosthetic equipment that is in good repair.

3. Promoting well-being, comfort and security—Outcome: The physical and emotional well-being of individuals are met at home and promoted in other environments.

A. Individuals' personal preferences are supported to assure physical comfort.

B. Individuals' environments are secure and stable.

C. Individuals express that their home is their own.

D. Individuals' homes are adequate in size and design to meet the needs of those who live there.



E. Individuals are actively involved in the process when they relocate.

F. Individuals have opportunities to learn how to protect themselves from others.

(4) Every two (2) years, all agencies shall seek certification under this section except that agencies accredited by nationally recognized accrediting bodies approved by the division shall not be required to seek certification. For example, agencies accredited by the Accreditation Council on Services for People with Developmental Disabilities or agencies receiving accreditation of appropriate services by the Commission on Accreditation of Rehabilitation Facilities shall not be required to seek certification. The division director shall issue two (2)-year certificates to agencies successfully completing the process and requirements of this section and contingent, upon successful completion, the following year of consumer and family monitoring as set out in section (6).

(A) Presurvey Activities.

1. The survey team leader shall provide written information to the agency about the survey process and its purpose and shall provide a list of credentialed, potential survey team members. The survey team leader shall also request information from the agency for his/her use in selecting the sample of persons with developmental disabilities to be surveyed. That information shall include, but not be limited to, the number of persons in each program service and at each service location; number of persons with various support needs, for example, communication, behavioral or medical; and a copy of the agency's mission statement and organizational chart.

2. The agency shall provide the survey team leader with the requested information and with preferred survey team members in priority order.

3. The regional center director shall provide information to the survey team leader about case management for the agency.

4. Based on information provided by the agency, the survey team leader shall determine the agency's characteristics in conjunction with the agency and regional center directors. The survey team leader shall also determine the sample size and select the survey team. No survey team member may survey an agency in his/her community or any other agency if s/he or the team leader believes there could be a conflict of interest.

5. The agency and regional center directors shall designate a liaison person to provide information otherwise assist the survey team.

6. The survey team leader shall inform the team and the agency director of the sur-

vey schedule and shall provide necessary written information to the team.

(B) Survey Activities.

1. The survey team leader shall convene the team to make assignments and introduce agency and regional center liaison persons.

2. The survey team leader shall convene a meeting at the agency to introduce team members and liaison persons to the agency director and other staff and to present information about the survey process.

3. The survey team shall gather necessary information (conduct the survey). The agency director shall make people receiving its services, its staff and relevant records and policies available. The survey team shall cite examples of agency strengths and characteristics on which the agency may build during the enhancement phase of the certification process. Survey activities include but are not limited to—

A. A community tour;

B. Observation of persons receiving services in their homes and in the community;

C. Discussions with persons receiving services, their families and agency staff;

D. Attendance at individual habilitation plan meetings;

E. Record review and

F. Informal meetings to share observations, plan, and identify emerging themes.

4. The survey team shall reach conciliation on each principle in section (3) through evaluation of trends, not on the agency's failure to meet the principle.

5. After the survey team has completed the survey, it shall indicate whether—

A. No core issues were identified;

B. Core issues were identified, but the issues are not pervasive; or

C. Pervasive core issues were identified.

(C) Post-Survey Activities.

1. If the survey team does not identify core issues—

A. The survey team leader shall conduct an exit meeting at the agency with the agency and regional center directors, providing them a summary of the team's findings and its recommendation for certification of the agency;

B. The survey team leader shall prepare a survey report, including the team's recommendation for certification of the agency;

C. The survey team leader shall facilitate a meeting of the agency and regional center directors, after which those directors shall develop an enhancement plan to focus on themes (issues) identified during the sur-

vey. The plan shall include but not be limited to—

(I) How the issues will be addressed;

(II) Roles of agency and regional center staff in addressing the issues;

(III) Short- and long-range timelines;

(IV) Specific methods of agency-regional center communication about implementation of the plan; and

(V) Criteria for measuring success;

D. The survey team leader and agency director shall submit the survey report and enhancement plan to the division director;

E. The division director shall issue a two (2)-year certificate that is contingent upon successful completion the following year of consumer and family monitoring as set out in section (6);

F. The agency and regional center directors shall work together to implement the enhancement plan; and

G. The regional center director shall identify common issues or problems within enhancement plans in his/her region, especially within plans of agencies in particular communities, and shall take steps to resolve the issues or problems.

2. If the survey team identifies core issues, but the issues are not pervasive—

A. The survey team leader and regional center director shall conduct an exit meeting at the agency with the agency director, providing him/her a summary of the team's findings and its recommendation on certification of the agency;

B. The survey team leader shall prepare a survey report, including the team's recommendation on certification of the agency;

C. If certification is recommended, the survey team leader and regional center director shall facilitate a meeting with the agency director, after which the agency and regional center directors shall develop a combination enhancement (for building upon agency strengths)-enforcement (for addressing core issues) plan. The plan shall include but not be limited to requirements set out in items (4)(C)1.C.(I) through (V);

D. The survey team leader and agency director shall submit the survey report and enhancement-enforcement plan to the division director;

E. The division director shall issue a two (2)-year certificate that is contingent upon satisfying core issues identified in the enforcement plan component and successful completion the following year of consumer and family monitoring as set out in section (6);



F. The agency and regional center directors shall work together to implement the enhancement-enforcement plan;

G. The regional center director shall identify common issues or problems within enhancement and enforcement plans in his/her region, especially within plans of agencies in particular communities, and shall take steps to resolve the issues or problems; and

H. When the agency director believes his/her agency has satisfied core issues identified in the enforcement plan component, s/he, the regional center director, and a survey team member appointed by the team leader shall conduct a tailored survey to determine if the core issues have been satisfied.

(I) If the core issues have been satisfied, the agency and regional center directors shall work together to continue implementation of the enhancement plan component.

(II) If the agency has not satisfied the core issues but has made significant progress, the regional center director may extend the timelines in the enforcement plan component so that the agency can satisfy the remaining core issues.

(III) If the agency has failed to satisfy the core issues or even to make significant progress toward satisfying them, the division director shall decertify the agency.

3. If the survey team identifies pervasive core issues—

A. The survey team leader and regional center director shall conduct an exit meeting at the agency with the agency director, providing him/her a summary of the team's findings and its recommendation on certification of the agency;

B. The survey team leader shall prepare a survey report, including the team's recommendation on certification of the agency;

C. The survey team leader and regional center director shall facilitate a meeting with the agency director, after which the agency and regional center directors shall develop an enforcement plan. The plan shall include, but not be limited to, requirements set out in items (4)(C)1.C.(I) through (V);

D. The survey team leader and agency director shall submit the survey report and enforcement plan to the division director;

E. The division director shall issue a two (2)-year certificate that is contingent upon satisfying core issues identified in the enforcement plan and successful completion the following year of consumer and family monitoring as set out in section (6);

F. The agency and regional center directors shall work together to implement the enforcement plan;

G. The regional center director shall identify common issues or problems within enforcement plans in his/her region, especially within plans of agencies in particular communities, and shall take steps to resolve the issues or problems; and

H. When the agency director believes his/her agency has satisfied core issues identified in the enforcement plan, s/he, the regional center director and a survey team member appointed by the team leader shall conduct a tailored survey to determine if the core issues have been satisfied.

(I) If the core issues have been satisfied, the agency and regional center directors shall work together to develop and implement an enhancement plan.

(II) If the agency has not satisfied the core issues but has made significant progress, the regional center director may extend the timelines in the enforcement plan so that the agency can satisfy the remaining core issues.

(III) If the agency has failed to satisfy the core issues or even to make significant progress toward satisfying them, the division director shall decertify the agency.

(5) An agency may appeal its decertification to the department's hearings administrator.

(A) If the agency appeals and the hearings administrator reverses the decertification decision, the agency and regional center directors shall develop an enforcement plan or revise an existing plan, and the agency shall continue through the process set out previously in this rule.

(B) If the agency appeals and the hearings administrator sustains the decertification decision, the division director shall remove the agency from the Medicaid Home- and Community-Based or Nursing Home Reform Waiver Program.

(C) If the agency does not appeal, the division director shall remove the agency from the Medicaid Home- and Community-Based or Nursing Home Reform Waiver Program.

(6) Every two (2) years during years when survey teams do not conduct surveys of agencies, consumer and family monitoring teams shall monitor the agencies.

(A) If a monitoring team identifies core issues—

1. The monitoring team and the regional center director shall conduct an exit meeting with the agency director at the agency, providing the agency director a summary of the monitoring team's findings;

2. After the exit meeting, the agency director shall—

A. Develop an enforcement plan with the regional center director and continue through the process set out previously in this rule; or

B. Request that a tailored survey be conducted by the regional center director, the monitoring team and the agency director; and

3. If a tailored survey is conducted and—

A. The agency has not satisfied the core issues, the agency and regional center directors shall develop an enforcement plan, and the agency shall continue through the process set out previously in this rule; or

B. The agency has satisfied the core issues, the agency shall continue in its prior status.

*AUTHORITY: section 630.655, RSMo 1994. * This rule originally filed as 9 CSR 30-5.050. Original rule filed July 25, 1994, effective March 30, 1995. Amended: Emergency amendment filed July 20, 1995, effective July 30, 1995, expired Nov. 26, 1995. Amended: Filed July 20, 1995, effective Nov. 30, 1995. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.020 Individualized Supported Living Services—Quality Outcome Standards

PURPOSE: This rule describes requirements for certification as a provider of individualized supported living services reimbursed under Missouri's Medicaid waiver for persons with mental retardation and other developmental disabilities. Specifically, this rule describes outcomes expected for individuals who receive individualized supported living services. Achievement of these outcomes will ensure that individuals assisted under this program receive services and supports adequate to assure their health and safety while enjoying an improved quality of life. This rule requires a certified provider of individualized supported living services to provide or arrange the services, supports and opportunities necessary for individuals to achieve these outcomes.

(1) The individualized habilitation plan developed by the certified provider and the regional center shall address assistance and support required by individuals to achieve outcomes specified in the seven (7) areas identified under section (2) of this rule.



(2) The certified provider shall promote conditions that provide a valued lifestyle for the individuals and shall document and demonstrate efforts to assist and support the individuals in the following areas:

(A) Financial Resource Management.

1. The individual has sufficient available resources to cover his/her basic living needs, including, but not limited to, shelter, food, transportation and clothing.

2. There is effective management of the individual's financial resources to ensure that basic needs are met.

3. The individual is able to participate as fully as possible in decision-making about use of his/her financial resources through development of money and budgeting concepts, and values that encourage financial responsibility;

(B) Housing.

1. The individual has housing that meets local requirements for residential homes, is secure and has adequate heating, water and electricity.

2. The individual has basic furnishings necessary for daily living, including, but not limited to, a bed, chairs, table, kitchen facilities and lighting.

3. The individual has opportunity to live in a neighborhood with ready access to needed resources.

4. The interior and exterior of the home are safe and clean.

5. The individual is given needed support in choosing his/her own residence and persons with whom s/he will reside, if any.

6. The individual is able to exercise control over his/her home environment, including choice of location, personalized furnishings and decor, and control of temperature and lighting;

(C) Health.

1. The individual's health is maintained through adequate nutrition, exercise, safe behavior, medical and dental monitoring, and appropriate medications when needed.

2. The individual receives prompt and up-to-date treatment for physical problems.

3. The individual's lifestyle encourages wellness;

(D) Safety.

1. Potential environmental dangers are minimized.

2. The individual has access to prompt and appropriate emergency services, such as police, fire department, ambulance and crisis line. In addition, the certified provider must provide an around-the-clock crisis response system;

(E) Appearance and Hygiene. The individual—

1. Minimizes health-related problems through adequate personal hygiene and clothing choices appropriate for weather conditions.

2. Maintains acceptable hygiene and appearance so as not to restrict where s/he can live, work and socialize;

(F) Relating With Others. The individual has—

1. The means to communicate on a daily basis with primary people in his/her life.

2. Support people with whom s/he is able to maintain contact.

3. Opportunity for relationships with friends and peers that provide companionship, intimacy and support.

4. Opportunity for relationships with people who are nondisabled; and

(G) Activities. The individual has—

1. Means to move about his/her home and community as necessary to satisfy his/her basic needs.

2. Access to a wide range of community resources for work, leisure and shopping.

(3) The certified provider shall not knowingly employ nor retain in employment any staff in positions providing direct services to individuals when that person has been convicted of, or has charges pending for, a disqualifying felony offense.

(4) In accordance with general state or local government policy, or both, and sound business practice, the certified provider shall maintain liability insurance on staff who provide direct services to individuals.

(5) Major unusual incidents shall be reported to the regional center.

*AUTHORITY: section 630.050, RSMo 1994. * This rule was originally filed as 9 CSR 30-5.020. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993.*

9 CSR 45-5.030 Individualized Supported Living Services—Provider Certification

PURPOSE: This rule describes procedures to obtain certification from the department as a provider of individualized supported living services reimbursed under the Missouri Medicaid Home and Community-Based Waiver for persons with mental retardation or other developmental disabilities.

(1) To be enrolled as a provider of individualized supported living services, an applicant shall possess a master agreement and a purchase of service contract with the department and one (1) of the following:

(A) Accreditation by Accreditation Council on Services for People With Disabilities (ACD) or Commission on Accreditation of Rehabilitation Facilities (CARF);

(B) Residential licensure as a family living arrangement; or

(C) Certification by the department that the applicant will meet the standards in 9 CSR 45-5.020.

(2) Applicants for certification shall apply in accordance with this rule.

(3) The certification unit may grant a limited certificate to a single person who will provide services to no more than three (3) individuals with mental retardation or other developmental disabilities, subject only to the provisions of sections (3)–(5) and (9) of this rule after the following conditions have been met:

(A) The applicant shall be a qualified mental retardation professional (QMRP);

(B) The regional center shall have completed a criminal background check of the individual and verified that s/he has not been convicted of, nor has charges pending for, any disqualifying felony offense; and

(C) The regional center shall provide assurance to the certification unit that the individual provider is capable of carrying out the provisions of 9 CSR 45-5.020.

(4) The applicant shall submit an application to the certification unit on forms provided by the department. The stamped date of receipt shall be the date of application. The certification unit shall provide a copy to the regional center director within five (5) days after the date of application, and the regional center director or his/her designee shall review the application and provide comment and recommendation back to the certification unit within thirty (30) days after the date of application.

(5) A provider that meets requirements of this rule shall initially receive a probationary certificate from the department. This includes a provider that is granted a limited certificate under section (3) of this rule. The probationary certificate or the probationary limited certificate shall be in effect until a provider has one (1) year of established performance in providing supported living services. After one (1) year and each two (2) years after that, the department shall conduct an on-site review of the provider to ensure that the



provider is carrying out the provisions of 9 CSR 45-5.020.

(6) Certification applications must be signed by the designated governing body authority.

(7) Qualifications for Certification.

(A) The provider shall have an administrator with a bachelor's degree from an accredited institution and at least one (1) year of full-time paid working experience in the provision of services to individuals with mental retardation and other developmental disabilities in a supervisory or administrative capacity.

(B) If the administrator is not a QMRP, the provider shall employ a QMRP, either full- or part-time, to consult with staff about strategies for each recipient to achieve the outcomes specified in the seven (7) areas identified under 9 CSR 45- 5.020(2).

(C) The provider shall provide a functional table of organization, a job description for each position in the organization, and policies and procedures that address the provider's management practices in the following areas:

1. Services and supports.

A. Mission statement.

B. Procedure for notifying individuals of their rights.

C. Grievance procedure for individuals served.

D. Unusual incident reporting and follow-up.

E. Procedures for helping individuals secure safe and appropriate housing.

F. Procedures for finding and developing supports.

G. Crisis intervention and emergency response procedures.

H. Procedures for protecting confidentiality;

2. Administration.

A. Record keeping procedures to document the delivery of services and the quality of services delivered.

B. Supervision of staff.

C. Screening and background checks on applicants for employment in positions involving direct service delivery.

D. Liability insurance for staff delivering direct services.

E. Staff training; and

3. Board functions, if applicable, including bylaws, a list of the board members' names and addresses, and a statement of each member's financial interest in the provider.

(8) Within thirty (30) days after receiving a properly completed application for provider certification or if the department chooses to revoke a provider's certificate, the depart-

ment may conduct an interview with the applicant provider to review any cited deficiencies in the material submitted for certification. Within thirty (30) days after the review, the department shall notify the provider of its decision. The provider may appeal the department's decision to the director. The director shall review the appeal within thirty (30) days.

(9) If the department finds the certified provider out of compliance with the standards in 9 CSR 45-5.020 to an extent that would result in substantial probability of or actual jeopardy to client safety or welfare, the department shall revoke the certificate by taking the following actions:

(A) The department shall notify the certified provider in writing of the evidence and of the right to appeal the decision to the director of the department within thirty (30) days of receiving the notice; and

(B) The department may suspend a certificate pending final action to revoke the certificate if, in the judgment of the director, the character of the charges warrants action.

*AUTHORITY: section 630.050, RSMo 1994. * This rule was originally filed as 9 CSR 30-5.030. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995.*

**Original authority: 630.050, RSMo 1980, amended 1993.*



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

RETURN
COMPLETED
APPLICATION
TO →

PROGRAM STANDARDS AND CERTIFICATION UNIT,
DEPARTMENT OF MENTAL HEALTH, DEPT. AFFAIRS
1706 EAST ELM STREET, P.O. BOX 687
JEFFERSON CITY, MISSOURI 65102

APPLICATION FOR SUPPORTED LIVING LIMITED CERTIFICATE

by a single person provider of Individualized Supported Living Services under the Medicaid waiver for person(s) with mental retardation and other developmental disabilities.

Applicant _____ Social Security # _____ or, Tax ID # _____

Street _____ Telephone _____

City/State/Zip _____ County _____

I understand that the Supported Living Limited Certificate for which I am applying will allow me to serve no more than three (3) individuals with mental retardation or other developmental disabilities.

I am a Qualified Mental Retardation Professional (QMRP).

I will provide or arrange the services, supports and opportunities necessary for individuals to achieve the Individualized Supported Living Services Quality Outcome Standards.

Signature of Applicant _____ Date _____

NOTE: Within five (5) days after receipt of this application, the Program Standards and Certification Unit will forward the application to the Division of Mental Retardation and Developmental Disabilities (DMRDD) regional center in your area for review. Within thirty (30) days, the regional center shall return the application to the Office of Departmental Affairs with comments and recommendation. The provider will be notified of the decision.

FOR COMPLETION BY REGIONAL CENTER ONLY:

The _____ Regional Center of DMRDD has:

- a) completed a criminal background check on the above named applicant and has found no criminal past which would disqualify them for this certificate;
- b) determined that the above named applicant is a QMRP; and,
- c) determined that the above named applicant is capable of providing or arranging the services, supports, and opportunities necessary for individuals to achieve the Individualized Supported Living Services Quality Outcome Standards.

Regional Center Director _____ Date _____

FOR COMPLETION BY PROGRAM STANDARDS AND CERTIFICATION UNIT ONLY:

Date Received from Applicant _____ Date Sent to Regional Center _____ Date Returned from Regional Center _____

Certification Granted? Yes No Period of Certification: from _____ to _____

Signature of Program Standards and Certification Unit Staff Member/ _____ Date _____



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

RETURN COMPLETED APPLICATION TO →	PROGRAM STANDARDS AND CERTIFICATION UNIT, DEPARTMENT OF MENTAL HEALTH, DEPT. AFFAIRS 1708 EAST ELM STREET, P.O. BOX 687 JEFFERSON CITY, MISSOURI 65102
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APPLICATION FOR INDIVIDUALIZED SUPPORTED LIVING CERTIFICATE

by an agency provider of Individualized Supported Living Services to person(s) with mental retardation and other developmental disabilities.

AGENCY IDENTIFICATION:

Name of Agency

Contact Person Regarding Certification

Title

Administrative Site Address

City State Zip Code

County

Administrative Mailing Address

City State Zip Code

() _____ () _____
Telephone Numbers

() _____
Fax Number

Tax ID #: _____ or, Social Security #: _____

TO BE COMPLETED BY PROGRAM STANDARDS AND CERTIFICATION UNIT (PSCU) ONLY:	

Date Received from Applicant	

Date Sent to Regional Center	

Date Returned from Regional Center	

Date of Review of Deficiencies, if any	

Certification Granted? <input type="checkbox"/> yes <input type="checkbox"/> no	
Period of Certification:	
from _____ to _____	
Certification #: _____	
Signature of PSCU staff/	Date

FOR COMPLETION BY REGIONAL CENTER ONLY:

The _____ Regional Center of DMRDD has determined that the applicant meets the requirements for certification (9 CSR 30-5.010 - 30-5.040) and is capable of providing or arranging the services, supports, and opportunities necessary for individuals to achieve the Individualized Supported Living Services Quality Outcome Standards.

Regional Center Director Date



INSTRUCTIONS TO THE APPLICANT: Complete the following items. Attach additional pages as needed.

ADMINISTRATOR:

Name Title

Degree: _____ Number of years of full-time paid working experience in a supervisory or administrative capacity providing services to individuals who are developmentally disabled: _____

QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP):

Name of the QMRP employed by the agency: _____

Title: _____ Employed full or part time? _____

FUNCTIONAL TABLE OF ORGANIZATION:

Attach a functional table of organization of the agency.

JOB CLASSIFICATIONS:

List each job classification or title in the agency's organization and the number of staff in each. Include a brief description of each classification.

Position/Job Title:	Number of Staff:	Description:



SERVICES AND SUPPORTS:

What is the agency's Mission Statement?

In general, how do you intend to find and develop services and supports which will enable individuals to achieve the quality outcomes specified in 9 CSR 30-5.020 (also described in *Interim Guidelines for Certification*)?

What is the agency's procedure for notifying the individuals served of their rights?

Describe the agency's grievance procedure for individuals served.

What are the policies and procedures for unusual incident reporting and follow-up?

Describe the agency's crisis intervention and emergency response procedures.



What are the agency's procedures for protecting confidentiality?

ADMINISTRATION:

Describe the agency's record keeping procedures which document the delivery of services and supports and the quality of services delivered.

Describe the agency's management practices regarding supervision of staff.

How are screening and background checks conducted on applicants for employment in positions which provide direct services and supports to individuals served?

What is the agency's policy regarding liability insurance for staff who provide direct services and supports?

Describe the agency's policies and procedures regarding staff training.

BOARD MEMBERS AND BYLAWS (complete if agency is governed by a board):

Attach a list of board members' names and addresses and a statement of each member's financial interest in the agency.

Also, if applicable, attach board bylaws.



9 CSR 45-5.040 Missouri Alliance for Individuals with Developmental Disabilities

PURPOSE: This rule establishes the Missouri Alliance for Individuals with Developmental Disabilities (MOAIDD) and its governing board, and describes its activities. The functions of MOAIDD were previously promulgated under 9 CSR 45-5.010. This new rule separates the MOAIDD functions from the certification process. MOAIDD is an organization of volunteers with developmental disabilities or immediate family members of persons with developmental disabilities which shall conduct visits with individuals receiving services from the Division of Mental Retardation and Developmental Disabilities. This rule defines terms, establishes principles and sets out the process by which MOAIDD will conduct visits.

(1) The Missouri Alliance for Individuals with Developmental Disabilities (MOAIDD) Board shall be established by the Department of Mental Health, Division of Mental Retardation/Developmental Disabilities. The board shall be appointed by the division director.

(A) The MOAIDD Board shall be responsible for the development, modification, evaluation and continuing oversight of the process of volunteer visiting. The MOAIDD Board, in cooperation with the Department of Mental Health, Division of Mental Retardation/Developmental Disabilities, shall determine necessary administrative, staffing and procedural functions of the volunteer visiting and shall advise the division on policy matters. The board is advisory and shall focus on the individuals receiving services. The board shall not review the agency or facility for compliance with local, state, or federal standards.

(B) Membership of the MOAIDD Board shall consist of fifteen (15) individuals with developmental disabilities and/or their family members who reside in the state of Missouri and share involvement in the life of their family member with developmental disabilities. At no time shall less than two (2) members of the board be individuals with developmental disabilities. One individual shall be selected to serve from each of the eleven (11) regions of the state. Four (4) additional individuals shall be selected from the state to serve as at-large members.

(C) Board members shall not serve more than two (2) consecutive three (3)-year terms. Following a one-year period off the board, an individual may be eligible to serve again.

(D) The board shall establish a Constitution and Bylaws, approved by the division, that sets forth its responsibilities, operating procedures and membership guidelines.

(2) Terms defined in sections 630.005 and 633.005, RSMo, are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the following terms also mean:

(A) ACD—Accreditation Council on Services for People with Disabilities, also known as The Council on Quality and Leadership in Supports for People with Disabilities.

(B) Agency quality assurance/enhancement—a written document prepared by the regional center and provider agency to address quality assurance issues.

(C) CARF—The Commission for Accreditation of Rehabilitation Facilities, also known as The Rehabilitation Accreditation Commission.

(D) Certification unit—the unit within the Department of Mental Health that administers the certification process described in 9 CSR 45-5.010 for community-based programs funded under the Medicaid HCB waiver program.

(E) Department—the Missouri Department of Mental Health.

(F) Division—the Division of Mental Retardation and Developmental Disabilities within the Missouri Department of Mental Health.

(G) HCB waiver program—the Missouri Medicaid Home- and Community-Based Waiver for Persons with Mental Retardation and Developmental Disabilities.

(H) MOAIDD is a self-governing organization of volunteers with developmental disabilities and immediate family members of individuals with developmental disabilities, established by the division, to assess the quality of life for individuals receiving services through the division.

(I) MOAIDD team—a volunteer team consisting of a team leader and at least one team member.

(J) MOAIDD team leader—an experienced team member who has received MOAIDD volunteer training and team leader training.

(K) MOAIDD team member—a person with a developmental disability or such person's immediate family member who has participated in volunteer training, has passed a background screening according to 9 CSR 10-5.190 and has signed a confidentiality statement.

(L) MOAIDD visit—a visit by a MOAIDD team with an individual receiving services

through the division to ensure the individual is living as full a life as possible.

(M) Observations—comments in the MOAIDD team report reflecting positive outcomes present in the individual's life.

(N) Overriding concern—a significant concern in the individual's life identified by the MOAIDD team that, while not a Red or Yellow Flag, needs to be addressed.

(O) Recommendation—an action step suggested by the MOAIDD team intended to address a Yellow Flag issue or overriding concern, or otherwise to enhance the individual's quality of life.

(P) Red Flag—an immediate threat to the individual's health/safety.

(Q) Yellow Flag—a significant, but not immediate, threat to an individual's health, safety or rights.

(3) MOAIDD Visits.

(A) The purpose of the MOAIDD visit is to determine if an individual is living as full a life as possible, not to review local, state or federal standards. This determination is based, in part, on the division's philosophy and guidelines regarding self-determination, community membership, rights, health and safety. Of more significance, the determination is based on the volunteer's own perspective as a person with a developmental disability or the family member of a person with such a disability. Visits are conducted independently from other quality assurance reviews including those by the certification unit.

(B) Who Gets Visited.

1. Routine visits: MOAIDD shall visit individuals served in residential setting by residential providers reimbursed under the HCB Waiver. Not-for-profit providers accredited by CARF or ACD and in good standing with the accrediting agency are exempt from routine visits. If an individual resident in a CARF or ACD accredited agency or that person's guardian requests a MOAIDD visit, the visit can occur with the provider's permission.

2. Requested visits: MOAIDD visits may be requested at any time by an individual, family member or guardian, regional center, or provider to assist with planning and resource development to enhance the individual's life. The permission of the individual or his or her guardian must be obtained. Requested visits shall not be made to individuals receiving residential services from agencies exempted from routine visits in paragraph 1., without the provider's permission.

(C) Schedule of MOAIDD visits. MOAIDD will conduct routine visits alternately with certification, with at least nine (9)



months intervening between routine certification surveys and routine MOAIDD visits. MOAIDD visits are subject to the availability of volunteers. Requested visits will occur as quickly as possible following the request.

(D) Outcome of Visits.

1. MOAIDD visits shall result in observations and recommendations regarding the individual visited. These observations and recommendations shall be reported to the regional center director or designee and to the provider. The regional center shall consider the recommendations, and as appropriate, and with agreement of the individual or guardian, incorporate them in the individual's plan. These recommendations are intended to enhance the life of the individual visited, but may also contain information pertinent to the lives of other individuals served. The regional center and provider shall determine the generalized applicability of the recommendations and shall incorporate those that are pertinent, in the agency's quality assurance/enhancement plan.

2. In addition, section (4) of this rule specifies how the MOAIDD team will react to observing conditions that, in its opinion, require prompt action on behalf of the individual to preserve or protect health, safety or rights.

(4) This section prescribes two (2) sets of indicators referred to as Red and Yellow Flags.

(A) The following conditions shall be considered Red Flags.

1. The team members suspect, for whatever reason, that the individual's health or safety is at immediate risk. This could include situations in which agency staff appear not sufficiently trained/knowledgeable, or otherwise unable, to address threatening health, dietary, medicinal needs or operate prescribed equipment to an extent that it constitutes an imminent or immediate threat.

2. The team members suspect, for whatever reason, that the individual(s):

A. Is being verbally, physically or sexually abused;

B. Is being neglected;

C. Is the victim of verbal manipulation or other type of psychological mistreatment; or

D. Has been mechanically, physically and/or chemically restrained and the restraint is not appropriately addressed in the individual's plan.

(B) The following conditions shall be considered Yellow Flags if the team members believe they constitute a significant but not

immediate threat to an individual's health, safety or rights.

1. The individual does not have a physician or dentist and/or does not see them at least annually.

2. The individual has experienced emotional or physical trauma and his/her needs have not been addressed.

3. Safety devices (smoke detectors, fire extinguishers, locks, railings, etc.) are missing or in need of repair.

4. There are no procedures or practice for emergency situations.

5. Residence appears to be an unhealthy environment (e.g. dirty, strong odors, mildew, wiring is exposed, electrical fixtures and/or plumbing fixtures are broken, broken furniture, unhealthy clutter, heating or air conditioning is inadequate or nonfunctioning, etc.).

6. The individual's ordinary living activities are unreasonably limited or restricted.

7. The individual is not provided with needed information or training that would allow him/her greater independence.

8. Community access rarely occurs or is limited by insufficient staff and/or available transportation.

9. Staff lacks adequate training on health/medical issues, (cardiopulmonary resuscitation, first aid, physical management, nutritional management, drug side effects, seizures and allergies).

10. Staff lacks a means of communication with the individual they serve.

11. There is insufficient staff or staff is unfamiliar with the individual, resulting in staff not meeting the needs of the individual.

12. There is evidence that the individual is, or has been, restricted from activities.

13. Staff is unfamiliar or untrained regarding the specific needs of the individual they support (e.g. behavior, verbal, physical, psychological or recognition of abuse and neglect).

14. Medication is not stored or managed in a safe manner.

15. The individual is restricted from seeing family, friends or guardian.

16. The individual is not treated in a respectful manner by staff/administration.

17. Adaptive equipment is unavailable, broken or restricted from use.

18. Other items, which may not be significant individually but cumulatively, represent a threat to the safety, health or rights of the individual.

(5) MOAIDD visits shall proceed according to the requirements set forth in this section.

(A) The MOAIDD coordinator shall randomly select at least one individual from each residence where an agency provides residential service and shall notify the agency and regional center of the intent to visit.

(B) With the individual's/guardian's permission, pre-visit surveys returnable within thirty (30) days, shall be sent to the individual's family/guardian, residential provider, service coordinator and, when appropriate, daily activities provider.

(C) The MOAIDD team shall—

1. Gather information through observation, review of relevant records and conversation with the individual and staff; and

2. Issue a written report within seventy-two (72) hours to the MOAIDD coordinator for further processing.

(D) The MOAIDD coordinator shall distribute the written report within thirty (30) days of the visit to the individual visited, guardian, residential provider agency appropriate division staff, certification unit, members of the MOAIDD team that conducted the visit and other persons designated by the individual visited or the individual's guardian.

(E) If the MOAIDD team identifies Red Flags, the team shall proceed as follows:

1. The team leader shall remain on-site and immediately notify the MOAIDD coordinator who shall contact the regional center director or designee and request that he/she go to the location where the Red Flag was reported.

2. After the regional center director or designee arrives and the team leader provides any necessary information, the MOAIDD visit ceases and standard division procedures shall be followed. The team leader may then leave the site and contact the MOAIDD coordinator to complete any further documentation.

3. Should the Red Flag result in an abuse/neglect investigation, the findings shall be recorded in the department's Incident and Investigation Tracking System. The regional center director shall incorporate in the agency's quality assurance/enhancement plan the action steps that result from the findings and notify the MOAIDD coordinator of the actions taken. If there are enforcement issues the regional center shall notify the certification unit.

4. If the initial inquiry into the Red Flag does not warrant an abuse/neglect investigation, the regional center shall submit a written report of findings within two (2) working days of the inquiry to the MOAIDD coordinator.

(F) If the MOAIDD team identifies Yellow Flags, the team shall proceed as follows:



1. The team leader shall inform the MOAIDD coordinator of the Yellow Flags within twenty-four (24) hours of the visit.

2. The MOAIDD coordinator shall immediately notify the regional center director or designee of the Yellow Flag issues. The coordinator shall follow up with written notification within two (2) working days following contact with the regional center.

3. The regional center director shall incorporate in the agency's quality assurance/enhancement plan the action steps that result from the findings and notify the MOAIDD coordinator of the actions taken. If there are enforcement issues the regional center shall notify the certification unit.

4. After receiving consent from the individual/guardian, all action steps which pertain specifically to the individual will be documented in his/her personal plan and forwarded to the MOAIDD coordinator.

(G) The regional center director shall review all overriding concerns and recommendations reported by the MOAIDD team. Action steps to address these overriding concerns and recommendations shall be incorporated, as appropriate, in the agency's quality assurance/enhancement plan. They shall also be incorporated in the individual's personal plan, with the consent of the individual/guardian. The regional center director shall provide a written report to the MOAIDD coordinator indicating action taken.

AUTHORITY: section 633.010, RSMo 1994. Original rule filed Feb. 15, 2000, effective Aug. 30, 2000.*

**Original authority: 633.010, RSMo 1980.*

9 CSR 45-5.060 Procedures to Obtain Certification

PURPOSE: This rule describes procedures to obtain certification as a provider of residential habilitation, individualized supported living (ISL), supported employment, and day habilitation (on and off site), through the community-based Medicaid Waiver.

(1) Under sections 630.655, 630.010, and 376.779.3 and 4, RSMo, the department is mandated to develop certification standards and to certify an organization's level of service, treatment or rehabilitation as necessary for the organization to operate, receive funds from the department, or participate in a service network authorized by the department and eligible for Medicaid reimbursement. However, certification in itself does not constitute an assurance or guarantee that the

department will fund designated services or programs.

(A) A key goal of certification is to enhance the quality of care and services with a focus on the needs and outcomes of persons served.

(B) The primary function of the certification process is assessment of an organization's compliance with standards of care. A further function is to identify and encourage developmental steps toward improved program operations, client satisfaction and positive outcomes.

(C) This rule replaces sections 9 CSR 45-5.010(4) and (5) of the Certification of Medicaid Agencies Serving Persons with Developmental Disabilities.

(2) An organization may request certification by completing an application form, as required by the department for this purpose, and submitting the application form, and other documentation, as may be specified, to the Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

(A) The organization must submit a current written description of those programs and services for which it is seeking certification by the department.

(B) A new applicant shall not use a name which implies a relationship with another organization, government agency or judicial system when a formal organizational relationship does not exist.

(C) Certification fees are not required.

(D) The department will review a completed application within thirty (30) calendar days of receipt to determine whether the applicant organization would be appropriate for certification. The department will notify the organization of its determination.

(E) An organization that wishes to apply for recertification shall submit its application forms to the department at least sixty (60) days before expiration of its existing certificate.

(F) An applicant can withdraw its application at any time during the certification process, unless otherwise required by law.

(3) The department shall conduct a site survey at an organization to assure compliance with certification standards, standards of care and other requirements.

(A) The department shall conduct a comprehensive site survey for the purpose of determining compliance with certification standards and program/service rules, except as stipulated in paragraphs (3)(B)1. through 3.

(B) The department recognizes and deems as certified a provider that has attained full

accreditation under standards for Community Services (community living services for Individualized Supported Living (ISL) and residential habilitation and personal and social services for day habilitation) and for Employment Services (supported employment) from the Rehabilitation Accreditation Commission (CARF) or The Council on Quality and Leadership (The Council). The deemed provider must—

1. Submit to the department a copy of the most recent accreditation survey report and verification of the accreditation time period and dates within thirty (30) days of receipt from the accreditation agency.

2. Notify the department when accreditation surveys are scheduled or when accreditation agency makes complaint investigation visit.

3. Notify the department of any changes in accreditation status during the time period of accreditation and resurvey.

4. Identify the department as a primary stakeholder for contact by the accrediting agency during survey and resurvey data gathering processes.

(4) The department shall provide advance notice and scheduling of routine, planned site surveys.

(A) The department shall notify the applicant and the division's regional centers regarding survey date(s), procedures and a copy of any survey instrument that may be used. Survey procedures will include, but are not limited to, interviews with provider staff, individuals being served and other interested parties; tour and inspection of program sites; review of provider administrative records necessary to verify compliance with requirements; review of personnel records and service documentation; observation of program activities.

(B) The applicant agrees, by act of submitting an application, to allow and assist department representatives in fully and freely conducting these survey procedures and to provide department representatives reasonable and immediate access to premises, individuals, and requested information.

(C) An organization must engage in the certification process in good faith. The organization must provide information and documentation that is accurate, and complete. Failure to participate in good faith, including falsification or fabrication of any information used to determine compliance with requirements, may be grounds to deny issuance of or to revoke certification.

(D) The surveyor(s) shall hold entrance and exit conferences with the organization to



discuss survey arrangements and survey findings, respectively. If a surveyor identifies a deficiency that could result in actual jeopardy to the safety, health or welfare of persons served, the surveyor shall not leave the program until an acceptable plan of correction is presented which assures the surveyor that there is no further risk of jeopardy to persons served.

(E) Within thirty (30) calendar days after the exit conference, the department shall provide a written survey report to the provider's director and the division.

1. The report shall note all deficiencies identified during the survey. Every instance in which the certification standards are not met will be cited as a deficiency.

2. The department shall send a notice of deficiency and the report by certified mail, return receipt requested.

3. The provider shall make the report available to the staff and to the public upon request.

(F) Within thirty (30) calendar days of the date that a notice of deficiency and the report is presented by certified mail to the provider, the provider shall submit to the department and regional center a plan of correction.

1. The plan must address each deficiency, specifying the method of correction and the date the correction shall be completed. The provider will work with the regional center to develop a plan of correction. No correction date will exceed one hundred eighty (180) days.

2. Within fifteen (15) calendar days after receiving the plan of correction, the department shall notify the provider and the division of its decision to approve, disapprove, or require revisions of the proposed plan.

3. The surveyor will assure that the plan of correction has been implemented and deficiencies corrected. The department shall determine if it is necessary for the surveyor to make a return visit to the provider based on the criteria of the plan of correction and will notify the division and regional center(s) of revisit.

4. In the event that the provider has not submitted a plan of correction acceptable to the department within sixty (60) days of the original date that written notice of deficiencies was presented by certified mail to the provider, it shall be subject to expiration of certification.

(5) The department may grant certification on a temporary, provisional, conditional, or compliance status. The department will notify the division of any change in the status of a provider.

(A) Temporary status shall be granted to a provider if the survey process has not been completed prior to the expiration of an existing certificate and the applicant is not at fault for failure or delay in completing the survey process.

(B) Provisional status for a period of not exceeding one (1) year shall be granted to a new provider or service, a converted agency or provider, or an existing provider adding a waived service, based on a site review which finds the program in compliance with requirements related to policy and procedure, facility, personnel, and staffing patterns sufficient to begin providing services. The regional center must notify the Licensure and Certification Office as soon as the contract is set up with the provider.

1. In the department's initial determination and granting of provisional certification, the provider shall not be expected to fully comply with those standards which reflect ongoing program activities.

2. The department shall conduct a comprehensive site survey of the provisionally certified provider and shall make further determination of the provider's certification status no sooner than ninety (90) days after the provider begins serving clients nor later than the expiration date of the provisional certificate.

(C) Conditional status shall be granted to a provider following a site survey by the department that determines that there are pervasive and/or significant deficiencies with standards that may affect quality of care to individuals and there is reasonable expectation that the provider can achieve compliance within a stipulated time period. The department shall consider patterns and trends of performance identified during the site survey.

1. The period of conditional status shall not exceed one hundred eighty (180) calendar days. The department may directly monitor progress, may require the provider to submit progress reports, or both.

2. The department shall conduct a further site survey within the one hundred eighty (180)-day period and make a further determination of the provider's compliance with standards.

3. During the period of conditional status, the division may, at its discretion, take actions per sections (10) and (12) of this rule.

(D) Compliance status shall be awarded to a provider for a period of two (2) years following a site survey by the department that determines the provider meets all standards relating to quality of care and the safety, health, rights, and welfare of persons served. If deficiencies are cited during a site survey, any and all such deficiencies must be cor-

rected in accordance with the plan of correction prior to the department awarding compliance status.

(6) The department may investigate any complaint regarding the operation of a certified or deemed certified program or service. If conditions are found that are not in compliance with applicable certification standards, the department may, at its sole discretion, notify the accrediting organization of any concerns.

(7) The department may conduct a scheduled or unscheduled site survey of a provider at any time to monitor ongoing compliance with the certification standards. If any survey finds conditions that are not in compliance with applicable certification standards, the department may require corrective action steps and may change the provider's certification status consistent with procedures set out in this rule.

(8) The department shall certify only the provider(s) named in the application. The provider(s) may not transfer certification without the written approval of the department.

(A) A certificate is the property of the department and is valid only as long as the provider meets standards of care and other requirements.

(B) The provider shall maintain the certificate issued by the department in a readily available location.

(C) Within seven (7) calendar days of the time a certified provider organization is sold, leased, discontinued, moved to a new location, has a change in its accreditation status, appoints a new director, or changes programs or services offered, the provider shall provide written notice to the department of any such change.

(D) A certified provider that establishes a new program or type of program shall operate that program in accordance with applicable standards. A provisional review, expeditious site survey or comprehensive site survey shall be conducted, as determined by the department.

(9) The department may deny issuance of and may revoke certification based on a determination that—

(A) The nature of the deficiencies results in substantial probability of or actual jeopardy to individuals being served;

(B) Serious or repeated incidents of abuse or neglect of individuals being served or violations of rights have occurred;

(C) Fraudulent fiscal practices have transpired or significant and repeated errors in billings to the department have occurred;



(D) Failure to participate in the certification process in good faith, including falsification or fabrication of any information used to determine compliance with requirements;

(E) The nature and extent of deficiencies results in the failure to conform to the certification standards of the program or service being offered; or

(F) Compliance with standards has not been attained by an organization upon expiration of conditional certification.

(10) The department, at its discretion, may—

(A) Place a monitor at a program if there is substantial probability of or actual jeopardy to the safety, health, rights, or welfare of individuals being served.

1. The cost of the monitor shall be charged to the organization at a rate which recoups all reasonable expenses incurred by the department.

2. The department shall remove the monitor when a determination is made that the safety, health, rights, and welfare of individuals being served is no longer at risk;

(B) Take other action to ensure and protect the safety, health or welfare of individuals being served.

(11) An organization which has had certification denied or revoked may appeal to the director of the department within thirty (30) calendar days following notice of the denial or revocation being presented by certified mail to the organization. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo and issue findings of fact, conclusions of law and a decision which shall be final.

(12) The department shall have authority to impose administrative sanctions.

(A) The department may suspend the certification process pending completion of an investigation when an organization that has applied for certification or the staff of that organization is under investigation for fraud, financial abuse, abuse or neglect of persons served, revocation of persons' rights without due process, or improper clinical practices.

(B) The department may administratively sanction a certified organization that has been found to have committed fraud, financial abuse, abuse of persons served, or improper clinical practices or that had reason to know its staff were engaged in such practices.

(C) Administrative sanctions include, but are not limited to, suspension of certification, clinical utilization review requirements, clinical audit, suspension of new admissions, denial or revocation of certification, or other actions as determined by the department.

(D) The department shall have the authority to refuse to accept for a period of up to twenty-four (24) months an application for certification from an organization that has had certification denied or revoked or that has been found to have committed fraud, financial abuse or improper clinical practices or whose staff and clinicians were engaged in improper practices.

(E) An organization may appeal these sanctions pursuant to section (11).

(13) An organization may request the department's exceptions committee to waive a requirement for certification if the head of the organization provides evidence that a waiver is in the best interests of the individuals it serves.

(A) A request for a waiver shall be in writing and shall include justification for the request.

(B) The request shall be submitted to Exceptions Committee, Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

(C) The exceptions committee shall hold meetings in accordance with Chapter 610, RSMo and shall respond with a written decision within forty-five (45) calendar days of receiving a request.

(D) The exceptions committee may issue a waiver on a time-limited or other basis.

(E) If a waiver request is denied, the exceptions committee shall give the organization forty-five (45) calendar days to fully comply with the standard, unless a different time period is specified by the committee.

(14) The organization must comply with other applicable requirements as set forth in 9 CSR 10-5.220 Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA).

AUTHORITY: sections 630.050 and 630.655, RSMo 2000. 45 CFR parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996. Emergency rule filed Feb. 13, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Feb. 13, 2002, effective Aug. 30, 2002. Emergency amendment filed April 1, 2003, effective April 14, 2003, expired Oct. 14, 2003. Amended: Filed April 1, 2003, effective Oct. 30, 2003.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995 and 630.655, RSMo 1980.*

9 CSR 45-5.105 Definitions for Fire Safety Rules

PURPOSE: This rule establishes definitions for the fire safety rules promulgated under this chapter.

(1) The following terms shall mean:

(A) Alterations, changes made to the structure or floor plan of the facility by removing or adding walls and doors or adding space;

(B) Commercial range is any range or stovetop classified as commercial by the manufacturer or larger in size than a common residential range, equipped with four (4) or more burners/elements and may be equipped with a cooking grill or griddle surface;

(C) Dead-end is a corridor or hallway with no exit at the end that causes occupants to retrace their path to reach an exit;

(D) Exit is the portion of a means of egress that is separated from all other areas of the building or structure by construction or equipment required to provide a protected way of travel to the exit discharge. Exits include exterior exit doors, exit passageways, horizontal exits, separated exit stairs, and separated exit ramps;

(E) Exit access is the portion of a means of egress that leads to an exit;

(F) Exit discharge is the portion of a means of egress between the termination of an exit and a public way;

(G) Fire barrier is a structural element, either vertical or horizontal, such as a wall or floor assembly that is designed and constructed with a specified fire resistance rating to limit the spread of fire and restrict the movement of smoke. Such barriers may have protected openings;

(H) Fire door is a combination of the fire door, frame, hardware and other accessories which together provide a specific degree of fire protection to the opening;

(I) Fire resistance rating is the length of time in minutes or hours that materials or structural elements can withstand fire exposure;

(J) Flame resistant material is the property of material or their structural elements that prevents or retards the passage of excessive heat, hot gases, or flames under the conditions in which they are used;

(K) Flame retardant is a chemical applied to material or other substance that is designed to retard ignition or the spread of fire;

(L) Home type range is a typical home type cooking stove;

(M) Interior finish includes the interior wall and ceiling finish, and interior floor finish;



(N) Level exit discharge is a horizontal plane that is located from the point at which an exit terminates and the exit discharge begins. The horizontal plane shall not vary more than two inches (2") in rise or fall;

(O) Level is the portion of a building included between the upper surface of a floor and the ceiling above it, or any upper surface of a floor and the ceiling above it that is separated by more than five (5) steps on a stairway;

(P) Means of egress is a continuous and unobstructed way of travel from any point in a building or structure to a public way. A means of egress consists of three (3) distinct parts: the exit access, the exit, and the exit discharge;

(Q) Means of escape is a way out of a residential unit that does not conform to the strict definition of means of egress but does meet the intent of the definition by providing an alternative way out of a building;

(R) Mixed occupancy is when a facility is located in the same building or structure as another occupancy. This may include a business or place of assembly;

(S) Public way is a street, alley, or other similar parcel of land essentially open to the outside air that is deeded, dedicated, or otherwise permanently appropriated to the public for public use and having a clear width and height of not less than ten feet (10');

(T) Remote exit or means of egress is when two (2) exits or two (2) exit access doors are required. Each exit or exit access door shall be placed at a distance apart equal to at least one-half (1/2) the length of the maximum overall diagonal dimension of the building or area to be used;

(U) Self-closing means to be equipped with an approved device that will ensure closing after having been opened;

(V) Smoke barrier is a structural element, either vertical or horizontal, such as a wall, floor, or ceiling assembly that is designed and constructed to restrict the movement of smoke. A smoke barrier may or may not have a fire resistance rating; and

(W) Supervised automatic sprinkler system is a system with the initiating devices monitored by the fire alarm control panel. This may include switches used to monitor the position of valves, a low air pressure switch, a water flow switch, and a tamper switch.

(2) In the context of rules promulgated under 9 CSR 45, the term department shall mean the Department of Mental Health (DMH).

(3) Terms not defined in this rule shall be understood as defined in the fire safety code of the National Fire Protection Association.

AUTHORITY: section 630.655, RSMo 2000. Original rule filed Sept. 5, 2003, effective April 30, 2004.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.110 Fire Safety for On-Site Day Habilitation

PURPOSE: This rule establishes fire safety requirements for on-site day habilitation funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) People participating in on-site day habilitation shall be restricted to using the floor of the building that is at ground level exit discharge. Exception: People participating in on-site day habilitation may use the floor below and above the level of exit discharge if the entire building is protected throughout with an approved automatic sprinkler system.

(B) No on-site day habilitation shall be located in the same building as a high hazard occupancy.

(C) The staff of the facility shall conduct at least one (1) fire drill at least once a month. In addition, a disaster drill will be conducted at least twice per year. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and the number of occupants present during the drill.

(D) Unscheduled drills shall be held at the state fire marshal inspector's discretion.

(E) During severe weather, fire drills may be postponed.

(F) Each fire drill shall evacuate all persons from the building and shall be conducted as follows:

1. Drills shall simulate an actual fire condition;

2. Occupants and staff members shall not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members shall proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building to defend in place; and

4. Occupants and staff members shall remain in place until a recall is issued or until they are dismissed.

(G) No window in a facility shall have bars or any other item placed over it in a station-

ary manner that would impede a rescue or evacuation attempt.

(H) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines, or other hazardous items shall be stored so as to be inaccessible to the occupants.

(I) The building numbers shall be plainly visible from the street in case of emergency.

(J) Good housekeeping practices ensuring fire safety will be maintained daily.

(K) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(L) No fresh-cut Christmas trees shall be used unless they are treated with a flame resistant material. Documentation of the treatment shall be on file at the facility and available for review by the state fire marshal inspector.

(M) The facility shall notify the nearest fire department that the facility is in operation and have required signed documentation (fire department notification form) on file at the facility.

(N) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(O) The facility shall as soon as practical report any fire in the facility to the state fire marshal's office and the Department of Mental Health.

(P) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(Q) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the state fire marshal. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed by the state fire marshal inspector. All plans for new construction, remodeling or additions shall



comply with the Americans with Disabilities Act, Accessibility Guidelines.

(R) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to request these inspections in a timely manner may result in an unapproved fire inspection from the Division of Fire Safety.

(S) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the state fire marshal inspector for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing.

(T) Facilities shall comply with all local building codes, fire codes and ordinances.

(U) The latest edition of the National Fire Protection Association, Chapter 101, *Life Safety Code* shall prevail in the interpretation of these rules.

(V) Each certified day program facility shall be inspected at least once annually by a state fire marshal inspector. The Department of Mental Health will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the facility shall have not less than two (2) remotely located means of egress. Each exit door shall not be less than thirty-two inches (32") wide and shall be thirty-six inches (36") wide in all new construction.

(B) In addition to the primary route, each room or occupied space shall have a second means of escape that consists of one (1) of the following:

1. A door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level that is independent of and remotely located from the primary means of escape.

2. A passage through an adjacent non-lockable space, independent of and remotely located from the primary means of escape, to any approved means of escape.

(C) No door in the path of travel to the means of egress shall be less than thirty-two inches (32") wide in an existing facility.

(D) At no time shall the occupants of the facility exit through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the state fire marshal inspector.

(E) All exit doors shall swing in the direction of egress travel and have door closures attached. In smaller facilities that care for ten (10) or fewer clients, the exit doors may swing inward providing all of the clients are ambulatory. Door closures are not required in smaller facilities.

(F) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the state fire marshal.

(G) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits.

(H) No dead bolt locks that require a key to unlock the lock from the inside shall be allowed.

(I) Overhead garage doors are not recognized as exit doorways.

(J) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(K) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(L) Dead-end corridors/hallways shall not exceed twenty feet (20').

(M) All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials;

2. The maximum rise shall be eight inches (8");

3. The minimum tread shall be nine inches (9");

4. The maximum height between landings shall be twelve feet (12');

5. The minimum landing size shall be forty-four inches (44");

6. Handrails shall be placed on both sides and shall be of sturdy construction and positioned thirty-four to thirty-eight inches (34"–38") above the tread;

7. The outside diameter of the handrails shall be at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails shall provide a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached; and

9. Spiral staircase or winder is not permitted.

(N) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have land-

ings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height shall have a slope of one inch (1") per eight inches (8") of run.

2. Ramps with a height of three to six inches (3"–6") shall have a slope of one inch (1") per ten inches (10") of run.

3. Ramps with a height greater than six inches (6") shall have a slope of one inch (1") per twelve inches (12") of run.

(O) All ramps shall have a slip-resistant surface and shall be designed so that water or snow shall not accumulate on their surface.

(P) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Windows for Emergency Rescue and Ventilation.

(A) Every room or space greater than three hundred (300) square feet used by clients shall have at least one (1) outside window for emergency rescue and ventilation. The window shall be operable from the inside without the use of tools and shall provide a clear opening of at least twenty inches (20") wide, twenty-four inches (24") in height. The total clear opening space shall be no less than 5.7 square feet in size. The bottom of the opening shall be no more than forty-four inches (44") above the floor and any latching device shall be operated easily. The clear opening shall be a rectangular solid, with a minimum width and height that provides the required 5.7 square feet opening and a minimum depth of twenty inches (20") to allow passage through the opening. The windows shall be accessible by the fire department and shall open into an area having access to a public way.

(B) Subsection (3)(A) does not apply in the following situations:

1. In buildings protected throughout by an approved, supervised automatic sprinkler system; or

2. When the room or space has a door leading directly to the outside of the building.

(4) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance in (A) and (B) above shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the state fire marshal

inspector, based on the National Fire Protection Association Standards for Sprinkler Systems.

(5) Protection.

(A) Any vertical openings and stairwells shall be enclosed and protected with a one (1)-hour fire barrier and self-closing device attached to the door.

(B) All furnace rooms, rooms containing water heaters, boiler rooms and storage rooms shall be separated from the remainder of the building by construction having not less than a one (1)-hour fire resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a one (1)-hour fire resistive rating. The one (1)-hour rating required for these rooms or areas are not required if the facility installs an automatic sprinkler head supplied by the domestic water supply or has an approved automatic sprinkler system. A fire alarm initiating device shall be installed in the rooms or areas.

(C) On-site developmental habilitation shall be separated from other occupancies in the same building in accordance with the following:

Use Group	Fire Wall Separation in Hours
Place of assembly	2
Business	1
Mercantile	2
Institutional restrained	1
Hotels or dormitories	2

(6) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the state fire marshal inspector to review. An exception can be made for window valances and shall be noted by the inspector on the fire inspection survey.

(7) Detection, Alarms, Extinguishment.

(A) All on-site day habilitation programs serving fifty (50) people or less shall have smoke detectors installed on each level, in all occupied spaces, storage rooms and throughout all corridors and in all other locations as deemed necessary by the state fire marshal inspector. All smoke detectors shall be powered by the building's electrical system and have a nine (9)-volt battery backup and be interconnected. Smoke detectors shall be installed and arranged so that the activation of any smoke detector causes the operation of an alarm in all detectors that is clearly audible throughout the building, including in bathrooms, corridors, and activity rooms, and above the noise of radios, televisions, and noises of normal activity.

(B) All on-site developmental habilitation serving fifty (50) people or more shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door and at least one (1) horn shall be installed in a central location on each floor. Smoke detectors shall be installed in all rooms, throughout all corridors, in all living spaces, storage rooms and offices. Additional smoke detectors may be required by the state fire marshal inspector as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens and throughout the attic. The battery backup control panel shall be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit in the breaker box. The fire alarm system shall be installed and maintained in good working order.

(C) The fire alarm system shall be monitored by a monitoring company or transmitted directly to the fire department when fifty (50) or more clients are present.

(D) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company. A copy of the test report and approval of the system shall be kept on file at the facility for review by the state fire marshal inspector and the department.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) Any day program that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the building. The state fire marshal inspector may require additional requirements for the hearing-impaired occupants to insure adequate modification.

(G) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new

smoke detectors shall have the installation date written on the side of the detector for the state fire marshal to reference. All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(H) Facilities using equipment or appliances, such as a gas stove or gas water heater, that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The state fire marshal may require additional carbon monoxide detectors if the state fire marshal inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the building's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the facility verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the state fire marshal inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants in care, the state fire marshal shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the state fire marshal inspector and determined safe before the occupants can return to the building or the facility can reopen.

(I) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility and the travel distance shall be no greater than seventy-five feet



(75') between fire extinguishers. Additional fire extinguishers may be required by the state fire marshal inspector depending on the floor plan arrangement of space and the number of levels used.

(J) Fire extinguishers shall be installed and maintained according to the instructions of the state fire marshal and shall be inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the state fire marshal inspector.

(8) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the facility with a wood burning stove, fireplace, or wood burning furnace located inside of the structure.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All hot water heaters shall have a properly sized pressure relief valve and be properly vented by galvanized flue pipe and screws at every joint in the pipe or by material recommended by the manufacturer if they are gas fired. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be copper or chlorinated polyvinyl chloride (CPVC) and cannot be reduced in size.

(D) Facilities with a water heater over two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) Gas shutoff valve shall be located next to all gas appliances, furnaces, hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or hot water heater is located inside a garage, it shall be at least eighteen inches (18") above the finished floor and

enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a fire rating of thirty (30) minutes and have a door closure attached.

(J) All furnace rooms and rooms containing the hot water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must have a clearance around them, of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the state fire marshal.

(M) All elevators shall be inspected annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(N) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(9) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the state fire marshal considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the state fire marshal inspector.

(10) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives

required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2000. Original rule filed Sept. 5, 2003, effective April 30, 2004.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.130 Fire Safety for Residential Habilitation for 4-9 People

PURPOSE: This rule establishes fire safety requirements for residential habilitation homes serving four to nine (4-9) people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) The staff shall conduct at least one (1) fire drill and one (1) disaster/weather drill per quarter, with a minimum of one (1) fire and one (1) disaster/weather drill per year conducted while the residents are sleeping. A drill must be conducted within one (1) week of the arrival of a new resident. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the state fire marshal inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place. Each fire drill shall be conducted as follows:

1. Drills shall simulate an actual fire condition;

2. Occupants and staff members shall not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members shall proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or in case of disaster/weather drill to a predetermined point inside of the building; and

4. Occupants and staff members shall remain in place until a recall is issued or until they are dismissed.

5. Exception. If there is potential harm to residents during drills because a resident is medically fragile, the provider may arrange



the drill to not involve the medically fragile. However, all residents who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space and residents shall not have access.

(G) Clothes dryers shall be vented and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) No fresh-cut Christmas trees shall be used unless they are treated with a flame resistant material. Documentation of the treatment shall be on file at the facility and available for review by the state fire marshal inspector.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility shall notify the nearest fire department that the facility is in operation and have required signed documentation (fire department notification form) on file at the facility.

(N) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(O) The facility shall as soon as practical report any fire in the facility to the state fire marshal's office and the Department of Mental Health.

(P) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(Q) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit, the second copy to the state fire marshal. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed by the state fire marshal inspector. All plans for new construction, remodeling or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(R) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections constitutes cause for disapproval by the Division of Fire Safety.

(S) Facilities that were certified and areas approved for care prior to the effective date of this rule shall have ceilings at least seven feet (7') in height. Facilities initially certified and areas initially approved for care on or after the effective date of this rule shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height. If structural alterations are made in facilities certified prior to the effective date of this rule, those facilities shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height in the altered space. Allowance will be made by the state fire marshal inspector for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height.

(T) Facilities shall comply with all local building codes, fire codes and ordinances.

(U) The latest edition of the National Fire Protection Association, Chapter 101, *Life Safety Code* shall prevail in the interpretation of these rules.

(V) Each certified residential facility shall be inspected at least once annually by a state fire marshal inspector. The Department of Mental Health will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty inches (30") wide, except that newly constructed doorways shall be at least thirty-six inches (36") wide.

(B) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(C) No door in the path of travel to the means of egress shall be less than thirty inches (30") wide. Except that newly constructed doorways shall be at least thirty-six inches (36").

(D) No primary means of escape or planned exit shall lead through a bathroom, storage room, furnace room, garage, or any other room deemed hazardous by the fire inspector. Exception: Kitchens shall not be considered hazardous unless they have commercial stoves without extinguishing equipment or other features that lend themselves to rapid fire development.

(E) All required outside exit doors shall swing in the direction of egress travel if there are more than six (6) residents living in the home and one (1) or more person(s) is non-ambulatory. In other words, if there are six (6) residents or less and all are ambulatory, the required exit doors do NOT have to swing in the direction of egress travel.

(F) Emergency lighting that has a battery backup shall be installed to light the path of egress. The state fire marshal inspector shall determine the location and number of emergency lights.

(G) No dead bolt locks that require a key to unlock the lock from the inside shall be allowed.

(H) Overhead garage doors are not recognized as exit doorways.

(I) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(J) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(K) Dead-end corridors/hallways shall not exceed twenty feet (20').

(L) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. New fire escapes shall be constructed of noncombustible materials.



Existing fire escapes shall be of sturdy construction and, at the discretion of the fire marshal, may be required to be load tested.

2. The maximum rise shall be eight inches (8").

3. The minimum tread shall be nine inches (9").

4. The maximum height between landings shall be twelve feet (12').

5. The minimum landing size shall be forty-four inches by forty-four inches (44" × 44").

6. Handrails shall be placed on both sides and shall be of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread.

7. The outside diameter of the handrails shall be at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size.

8. Handrails shall provide a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached.

9. Spiral staircases or winders are not permitted.

(M) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height shall have a slope of one inch (1") per eight inches (8") of run.

2. Ramps with a height of three to six inches (3"-6") shall have a slope of one inch (1") per ten inches (10") of run.

3. Ramps with a height greater than six inches (6") shall have a slope of one inch (1") per twelve inches (12") of run.

(N) All ramps shall have a slip-resistant surface and shall be designed so that water or snow shall not accumulate on their surface.

(O) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access and an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance between any point in a sleeping room and an exit access door in that room shall not exceed fifty feet (50'). Exception: The travel distance in (A) and (B) of this subsection shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic

sprinkler system that is approved by the state fire marshal inspector, based on the National Fire Protection Association, Standards for Sprinkler Systems.

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of escape is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than twenty (20) minutes and resists the passage of smoke. All doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule without twenty (20)-minute fire barriers in interior stairways as required by subsection (4)(A) shall be considered in compliance with current requirements, unless renovations or significant changes have occurred in the way the building is being used or the number of residents are increased.

(C) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms and all other rooms or areas deemed hazardous by the state fire marshal inspector shall be separated from the remainder of the building by a construction having not less than a twenty (20)-minute fire resistance rating. Doors to these rooms must be closed at all times. Doors to these rooms shall also have a twenty (20)-minute fire rating or be a minimum of one and three-fourths inches (1 3/4") thick solid core. The door(s) shall also have door closure(s) attached.

(D) Exception. The twenty (20)-minute fire resistance rating required for rooms or areas listed in subsection (4)(C) of this rule is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area.

(E) Every unoccupied attic space shall be subdivided by draft stops having a one (1)-hour fire rating, into areas not to exceed three thousand (3,000) square feet. Exception: Subdivisions described in this subsection are not required if the space is protected throughout by an approved, automatic sprinkler system.

(5) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-

woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the fire inspector to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

(A) Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, offices, and any other areas that are deemed necessary by the state fire marshal inspector. Smoke detectors shall be in good operating condition and functional at all times. Smoke detectors may be battery powered. However, if smoke detectors are not operational during two (2) separate inspections, the facility will be required to install smoke detectors that are powered by the home's electrical system and have a nine (9)-volt battery backup. These detectors shall be interconnected so that the activation of one (1) detector will cause an alarm in all detectors. Smoke detectors that are not operational must be documented on inspection surveys.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the state fire marshal inspector to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any residence that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The state fire marshal inspector may require additional requirements for the hearing-impaired occupants to insure adequate notification.



(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All homes with fire alarm systems shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company. A copy of the test report and approval of the system shall be kept on file at the residence for review by the state fire marshal inspector.

(G) Residences using equipment or appliances, such as a gas stove or gas water heater, that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The state fire marshal inspector may require additional carbon monoxide detectors if the state fire marshal inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the residence shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the residence has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the state fire marshal, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the state fire marshal inspector shall take measures necessary to protect the occupants. This may include evacuation of the home or closing the residence. The residence shall obtain and have on file at the home, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The residence shall be reinspected by the state fire marshal inspector and determined safe before the occupants can return to the home or the residence can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all homes. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the home and the travel distance shall be no greater than seventy-five feet (75') between fire extinguishers. Additional

fire extinguishers may be required by the state fire marshal depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the state fire marshal and shall be inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the state fire marshal inspector.

(J) Homes initially obtaining certification and areas initially certified on or after the effective date of this rule shall meet the following requirements of subsections (6)(J) and (6)(K) of this rule. Homes using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. The state fire marshal inspector shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The state fire marshal inspector shall base this inspection on National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations. Exceptions: 1) Home type ranges separated by an eighteen inch (18") cabinet shall not be required to have an extinguishing system installed above them. 2) Facilities that cook on a home type range with no more than four (4) burners and/or grill, does not need to install a fire extinguishing system above the range.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat. Fireplaces need to be approved for use by the state fire marshal inspector.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All hot water heaters shall have a properly sized pressure relief valve and properly vented by galvanized flue pipe and screws at every joint in the pipe or by material recommended by the manufacturer if they are gas

fired. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be copper or chlorinated polyvinyl chloride (CPVC) and cannot be reduced in size.

(D) Facilities with a water heater over two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that are heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or hot water heater is located inside a garage, it shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty (30)-minute fire rating and have a door closure attached.

(J) All furnace rooms and rooms containing the hot water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must have a clearance around them, of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be



installed in a safe manner and be in good operating condition as determined by the state fire marshal inspector.

(M) Any furnace or air handling equipment that has airflow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the state fire marshal considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the state fire marshal inspector. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of Underwriters Laboratories, Inc. (UL) approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2000. Original rule filed Sept. 5, 2003, effective April 30, 2004.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.140 Fire Safety for Residential Habilitation for 10–16 People

PURPOSE: This rule establishes fire safety requirements for residential habilitation homes serving ten to sixteen (10–16) people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections

under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) The staff shall conduct at least one (1) fire drill and disaster drill at least once a month, with a minimum of two (2) drills conducted annually while the residents are sleeping. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the state fire marshal inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place. Each fire drill shall be conducted as follows:

1. Drills shall simulate an actual fire condition;

2. Occupants and staff members shall not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members shall proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building;

4. Occupants and staff members shall remain in place until a recall is issued or until they are dismissed; and

5. Exception. If there is potential harm to residents during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all residents who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. No firearms and/or ammunition are allowed on the premises.

(G) Clothes dryers shall be vented and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) No fresh-cut Christmas trees shall be used unless they are treated with a flame resistant material. Documentation of the treatment shall be on file at the facility and available for review by the state fire marshal.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility shall notify the nearest fire department that the facility is in operation and have required signed documentation (fire department notification form) on file at the facility.

(N) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(O) The facility shall as soon as practical report any fire in the facility to the state fire marshal's office and the Department of Mental Health.

(P) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(Q) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the state fire marshal. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed by the state fire marshal inspector. All plans for new construction, remodeling or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(R) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to request these inspections in a timely manner may result in an



unapproved fire inspection from the Division of Fire Safety.

(S) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the state fire marshal for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height.

(T) Facilities shall comply with all local building codes, fire codes and ordinances.

(U) The latest edition of the National Fire Protection Association, Chapter 101, *Life Safety Code* shall prevail in the interpretation of these rules.

(V) Each certified residential facility shall be inspected at least once annually by a state fire marshal inspector. The department will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty inches (30") wide, except that newly constructed doorways shall be at least thirty-six inches (36").

(B) Wheelchair, walkers and other support equipment shall not be stored in corridors.

(C) No door in the path of travel to the means of egress shall be less than thirty inches (30") wide. Except that newly constructed doorways shall be at least thirty-six inches (36").

(D) No primary means of escape shall lead through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the fire marshal.

(E) All exit doors shall swing in the direction of egress travel and shall have door closures attached.

(F) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the state fire marshal inspector.

(G) Lighted exit signs with a battery backup shall be installed above exit door and as needed throughout the facility to direct the occupants to the exits.

(H) No dead bolt locks that require a key to unlock the lock from the inside shall be allowed.

(I) Overhead garage doors are not recognized as exit doorways.

(J) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(K) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(L) Dead-end corridors/hallways shall not exceed twenty feet (20').

(M) Each wing or corridor of the facility shall be separated into fire compartment areas by fire doors and walls, having not less than a one (1) hour rating. All fire doors shall be equipped with a door closure and may be held open at all times with an electrical magnetic switch that is interconnected to the fire alarm system.

(N) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the fire marshal, may be required to be load tested.

2. The maximum rise shall be eight inches (8").

3. The minimum tread shall be nine inches (9").

4. The maximum height between landings shall be twelve feet (12').

5. The minimum landing size shall be forty-four inches (44").

6. Handrails shall be placed on both sides and shall be of sturdy construction and positioned thirty-four to thirty-eight inches (34"–38") above the tread.

7. The outside diameter of the handrails shall be at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size.

8. Handrails shall provide a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached.

9. Spiral staircase or winder is not permitted.

(O) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height shall have a slope of one inch (1") per eight inches (8") of run.

2. Ramps with a height of three to six inches (3"–6") shall have a slope of one inch (1") per ten inches (10") of run.

3. Ramps with a height greater than six inches (6") shall have a slope of one inch (1") per twelve inches (12") of run.

(P) All ramps shall have a slip-resistant surface and shall be designed so that water or snow shall not accumulate on their surface.

(Q) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access and an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance between any point in a sleeping room and an exit access door in that room shall not exceed fifty feet (50'). Exception: The travel distance in (A) and (B) of this section shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the fire marshal, based on the National Fire Protection Association, Standards for Sprinkler Systems.

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of escape is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than twenty (20) minutes and resists the passage of smoke. Any doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Interior stairways shall be closed with one (1)-hour-fire barriers, with all openings equipped with smoke actuated automatic-closing or self-closing doors having a fire resistance comparable to that required for the enclosure.

(C) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms and all other rooms or areas deemed hazardous by the state fire marshal inspector shall be separated from the remainder of the building by construction having not less than a one (1)-hour fire-resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a minimum one (1)-hour fire rating.

(D) Exception. The one (1)-hour fire resistance rating required for rooms or areas list-



ed in subsection (4)(C) of this rule is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area.

(E) Every unoccupied attic space shall be subdivided by draft stops having a one (1)-hour fire rating, into areas not to exceed three thousand (3,000) square feet. Exception: Subdivisions described in this subsection are not required if the space is protected throughout by an approved, automatic sprinkler system.

(F) All doors to sleeping rooms shall have a fire resistance rating of twenty (20) minutes.

(5) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the state fire marshal to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

(A) All facilities shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door and at least one (1) horn/strobe shall be installed in a central location on each floor. Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms and offices. Additional smoke detectors may be required by the state fire marshal inspector as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens and throughout the attic. The battery backup control panel shall be Underwriters Laboratory (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit breaker box. The fire alarm system shall be installed and maintained in good working order and shall be UL

or F.M. listed. The fire alarm system shall be installed and maintained per the National Fire Alarm Code (NFPA 72) and the *National Electrical Code*.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the state fire marshal to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any residence that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The state fire marshal may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company. A copy of the test report and approval of the system shall be kept on file at the facility for review by the state fire marshal.

(G) Facilities using equipment or appliances, such as a gas stove or gas water heater, that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The state fire marshal inspector may require additional carbon monoxide detectors if the state fire marshal inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air con-

ditioning company and are in safe working order, and the facility is determined safe by the state fire marshal, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the state fire marshal shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the state fire marshal and determined safe before the occupants can return to the building or the facility can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility and the travel distance shall be no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the state fire marshal inspector depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the state fire marshal inspector and shall be inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the state fire marshal inspector.

(J) Facilities using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, or a home type range that produces a grease laden vapor shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. The state fire marshal inspector shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The state fire marshal inspector shall base this inspection on National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations. Exception: 1) Home type ranges separated by an eighteen inch (18") cabinet shall not be required to have an extinguishing system installed above them. 2) Facilities that cook on a home type range, and have a menu that does not include frying, or emitting a grease laden vapor, and has approval letter from the Department of Mental Health, does not need to install a fire extinguishing system above the range.



(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All hot water heaters shall have a properly sized pressure relief valve and be properly vented by galvanized flue pipe and screws at every joint in the pipe or by material recommended by the manufacturer if they are gas fired. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be copper or chlorinated polyvinyl chloride (CPVC) and cannot be reduced in size.

(D) Facilities with a water heater over two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or hot water heater is located inside a garage, they shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room as described in subsection (4)(C) of this rule.

(J) All furnace rooms and rooms containing the hot water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand

(1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must have a clearance around them, of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the state fire marshal.

(M) Any furnace or air handling equipment that has air flow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the state fire marshal considers the wiring to be unsafe for the occupants or if it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the state fire marshal. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of Underwriters Laboratories, Inc. (UL) approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives

required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

*AUTHORITY: section 630.655, RSMo 2000. * Original rule filed Sept. 5, 2003, effective April 30, 2004.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.150 Fire Safety for Residential Habilitation for 17 or More People

PURPOSE: This rule establishes fire safety requirements for residential habilitation homes serving seventeen (17) or more people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) The staff shall conduct at least one (1) fire drill and one (1) disaster drill per month, with a minimum of two (2) drills, one (1) fire and one (1) disaster, conducted annually while the residents are sleeping. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the state fire marshal inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place. Each fire drill shall be conducted as follows:

1. Drills shall simulate an actual fire condition;

2. Occupants and staff members shall not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members shall proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building; and

4. Occupants and staff members shall remain in place until a recall is issued or until they are dismissed.

5. Exception. If there is potential harm to residents during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all residents who are medically fragile must participate in a drill at least once



per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. No firearms and/or ammunition are allowed on the premises.

(G) Clothes dryers shall be vented and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) No fresh-cut Christmas trees shall be used unless they are treated with a flame resistant material. Documentation of the treatment shall be on file at the facility and available for review by the fire inspector.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility shall notify the nearest fire department that the facility is in operation and have required signed documentation (fire department notification form) on file at the facility.

(N) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(O) The facility shall as soon as practical report any fire in the facility to the state fire marshal's office and the Department of Mental Health.

(P) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(Q) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to

the Department of Mental Health's Licensure and Certification Unit; the second copy to the state fire marshal. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed by the state fire marshal inspector. All plans for new construction, remodeling or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(R) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections conducted will result in an unapproved fire inspection from the Division of Fire Safety.

(S) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the state fire marshal for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height.

(T) Facilities shall comply with all local building codes, fire codes and ordinances.

(U) The latest edition of the National Fire Protection Association, Chapter 101, *Life Safety Code* shall prevail in the interpretation of these rules.

(V) Each certified residential facility shall be inspected at least once annually by a state fire marshal inspector. The department will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty-six inches (36") wide.

(B) Wheelchair, walkers and other support equipment shall not be stored in corridors.

(C) No door in the path of travel to the means of egress shall be less than thirty-six inches (36") wide.

(D) No primary means of escape shall lead through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the state fire marshal inspector.

(E) All exit doors shall swing in the direction of egress travel and shall have door closures attached.

(F) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the state fire marshal inspector.

(G) Lighted exit signs with a battery backup shall be installed above exit door and as needed throughout the facility to direct the occupants to the exits.

(H) No dead bolt locks that require a key to unlock the lock from the inside shall be allowed.

(I) Overhead garage doors are not recognized as exit doorways.

(J) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(K) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(L) Dead-end corridors/hallways shall not exceed twenty feet (20').

(M) Each wing or corridor of the facility shall be separated into fire compartment areas by fire doors and walls, having not less than a one (1)-hour rating. All fire doors shall be equipped with a door closure and may be held open at all times with an electrical magnetic switch that is interconnected to the fire alarm system.

(N) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs, or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the fire marshal, may be required to be load tested.

2. The maximum rise shall be eight inches (8").

3. The minimum tread shall be nine inches (9").

4. The maximum height between landings shall be twelve feet (12').

5. The minimum landing size shall be forty-four inches (44").

6. Handrails shall be placed on both sides and shall be of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread.

7. The outside diameter of the handrails shall be at least one and one-fourth inches



(1 1/4") and no greater than two inches (2") in size.

8. Handrails shall provide a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached.

9. Spiral staircase or winder is not permitted.

(O) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height shall have a slope of one inch (1") per eight inches (8") of run.

2. Ramps with a height of three to six inches (3"-6") shall have a slope of one inch (1") per ten inches (10") of run.

3. Ramps with a height greater than six inches (6") shall have a slope of one inch (1") per twelve inches (12") of run.

(P) All ramps shall have a slip-resistant surface and shall be designed so that water or snow shall not accumulate on their surface.

(Q) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) At the discretion of the state fire marshal inspector and in consideration of the presence of an automated sprinkler system, the distances in subsections (A) and (B) of this section may be extended by fifty feet (50').

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of escape is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than twenty (20) minutes and resists the passage of smoke. Any doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Interior stairways shall be closed with one (1)-hour fire barriers, with all openings equipped with smoke-actuated automatic-closing or self-closing doors having a fire resistance comparable to that required for the enclosure.

(C) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms and all other rooms or areas deemed hazardous by the state fire marshal inspector shall be separated from the remainder of the building by construction having not less than a one (1)-hour fire resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a minimum one (1)-hour fire rating.

(D) All doors to sleeping rooms shall have a fire resistance rating of twenty (20) minutes.

(E) All buildings shall be protected throughout by an approved, automatic sprinkler system installed in accordance with the National Fire Protection Association, Standards for Installation of Sprinkler Systems. Quick response or residential sprinkler heads shall be installed throughout the structure.

(F) The sprinkler system shall initiate the fire alarm system upon activation of water flow.

(G) Tamper switches shall be installed on the sprinkler system valves and shall transmit a supervisory signal to the fire alarm control panel.

(H) All facilities shall have the sprinkler system tested, inspected, and approved annually by a fire sprinkler company. A copy of the test report and approval of the system shall be kept on file at the facility for review by the state fire marshal inspector.

(5) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the fire inspector to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

(A) All facilities shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door and at least one (1) horn/strobe shall be installed in a central location on each floor. Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms and offices. Additional smoke detectors may be required by the state fire marshal as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens and throughout the attic. The battery backup control panel shall be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit in the breaker box. The fire alarm system shall be installed and maintained in good working order and should be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed. The fire system shall be installed and maintained per the National Fire Alarm Code (NFPA 72) and the *National Electrical Code*.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the state fire marshal to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any facility that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The state fire marshal inspector may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company. A copy of the test report and approval of the system shall be kept on file at the facility for review by the state fire marshal inspector.

(G) Facilities using equipment or appliances, such as a gas stove or gas water heater, that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The state



fire marshal inspector may require additional carbon monoxide detectors if the state fire marshal inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the state fire marshal inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the state fire marshal inspector shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the fire inspector and determined safe before the occupants can return to the building or the facility can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility and the travel distance shall be no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the state fire marshal inspector depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the state fire marshal inspector and shall be inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the state fire marshal inspector.

(J) Facilities using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, or a home type range that produces a grease laden vapor shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel

supply and exhaust system in case of fire. The state fire marshal inspector shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The state fire marshal inspector shall base this inspection on National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All hot water heaters shall have a properly sized pressure relief valve and be properly vented by galvanized flue pipe and screws at every joint in the pipe or by material recommended by the manufacturer if they are gas fired. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be copper or chlorinated polyvinyl chloride (CPVC) and cannot be reduced in size.

(D) Facilities with a water heater over two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or hot water heater is located inside a garage, they shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room as described in subsection (4)(C) of this rule.

(J) All furnace rooms and rooms containing the gas hot water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must have a clearance around them, of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the state fire marshal inspector.

(M) Any furnace or air handling equipment that has airflow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the state fire marshal considers the wiring to be unsafe for the occupants or if it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the state fire marshal. Extension cords shall not be permanently affixed to the structure or



replace permanent wiring. Exception: The use of UL approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2000.
Original rule filed Sept. 5, 2003, effective April 30, 2004.*

**Original authority: 630.655, RSMo 1980.*